



CALIFORNIA ARCHITECTS BOARD LANDSCAPE ARCHITECTS TECHNICAL COMMITTEE

400 R STREET, SUITE 4000, SACRAMENTO, CALIFORNIA 95814

TELEPHONE: (916) 445-4954 FAX (916) 324-2333

WEB ADDRESS: www.latc.dca.ca.gov EMAIL: latc@dca.ca.gov

APPLICATION FOR EXAMINATION

TYPE OR PRINT CLEARLY IN INK

NAME: _____
(LAST / FIRST / MIDDLE)

KNOWN BY ANY OTHER NAME: _____
(INCLUDE MAIDEN NAME)

ADDRESS: _____
(NUMBER AND STREET)

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE: (_____) _____ HOME PHONE: (_____) _____

BIRTHDATE (MONTH / DAY / YEAR): ____/____/____ SEX: ☐ MALE ☐ FEMALE

SOCIAL SECURITY #: _____
(See disclosure statement on Page 3)

SECTIONS AVAILABLE	Fee	Check if Applying	Fee Included
Application Evaluation Fee (required). This fee is non-refundable pursuant to Business and Professions Code Section 158.	\$35.00	<input checked="" type="checkbox"/>	\$35.00
Section A – Legal & Administrative Aspects of Practice	\$50.00	<input type="checkbox"/>	
Section B – Analytical Aspects of Practice	\$90.00	<input type="checkbox"/>	
Section C - Planning and Site Design	\$170.00	<input type="checkbox"/>	
Section D – Structural Considerations & Materials & Methods of Construction.	\$140.00	<input type="checkbox"/>	
Section E - Grading, Drainage and Storm Water Management	\$170.00	<input type="checkbox"/>	
California Section	\$35.00	<input type="checkbox"/>	
Amount Enclosed with Application:			\$

FOR OFFICE USE ONLY

Receipt # _____

Date Rec. _____

Amt. Rec. _____

Please check the box of the location you would like to take the examination.

☐ Northern California

☐ Southern California

☐ Check box if requesting reasonable accommodations pursuant to the Americans with Disabilities Act.

Have you ever been licensed to practice as a landscape architect in another state or country? ☐ YES ☐ NO

If yes, list the name of the state or country, license number and expiration date: _____

Have you ever submitted an application for a landscape architects license in California?

☐ YES ☐ NO

If yes, give the date of application: _____

Have you ever had a landscape architects license denied, suspended, or revoked in any state or country? ☐ YES ☐ NO

If yes, please explain below.

EDUCATION:

HIGH SCHOOL GRADUATE: ☐ YES ☐ NO DATE GRADUATED: _____

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	DEGREE RECEIVED	DATE RECEIVED	OFFICE USE

EXPERIENCE:

List dates of employment in chronological order, starting with the most recent. List only employment actually spent in landscape architecture or self employed as a licensed landscape contractor. Unless you were a self-employed licensed landscape contractor, each entry must be supported with a "Certificate in Support of Applicant's Experience and Qualifications" form.

PERIOD OF EMPLOYMENT	COMPANY/BUSINESS NAME, ADDRESS AND TELEPHONE NUMBER	NAME AND LICENSE # OF DIRECT SUPERVISOR	OFFICE USE
FROM _____ TO _____ _____/_____/_____ _____/_____/_____ TOTAL: YR. _____ MO. _____ FULL-TIME _____ PART-TIME _____ HOURS PER WEEK: _____			
FROM _____ TO _____ _____/_____/_____ _____/_____/_____ TOTAL: YR. _____ MO. _____ FULL-TIME _____ PART-TIME _____ HOURS PER WEEK: _____			
FROM _____ TO _____ _____/_____/_____ _____/_____/_____ TOTAL: YR. _____ MO. _____ FULL-TIME _____ PART-TIME _____ HOURS PER WEEK: _____			
FROM _____ TO _____ _____/_____/_____ _____/_____/_____ TOTAL: YR. _____ MO. _____ FULL-TIME _____ PART-TIME _____ HOURS PER WEEK: _____			

Have you ever been convicted of an offense by a court? ☐ YES ☐ NO

If yes, please explain below.

Convictions dismissed under Section 1203.4 of the Penal Code must be shown. However, you may omit:

- ◆ Any traffic infraction for which the fine imposed was \$300 or less.
- ◆ Any offense which was adjudicated in a juvenile court or under a youth offender law.
- ◆ Any incident that has been sealed or disposed of under Welfare and Institutions Code Section 781 or Penal Code Sections 1000.5 or 1203.45

ALL OTHER CONVICTIONS MUST BE DISCLOSED

Indicate the date and place of the arrest, name of the court, court case number, code section violated, a brief explanation of the offense, and the sentence imposed. If convicted under another name, please indicate other name.

*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c) (2) (C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

I certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.

Signature: _____ Date: _____

The information requested on this application is required under Sections 5630, 5650, 5651, and 5652 of the Business and Professions Code. All items are mandatory. The information provided will be used to determine qualifications for licensure. The Executive Officer of the Board is responsible for information maintenance.

INSTRUCTIONS FOR COMPLETING APPLICATION:

The following must accompany this application for examination:

1. Application and examination fees.
2. Original transcripts from each school used for qualification.
(Transcripts must be sealed and issued by school.)
3. Certificates of Applicant's Experience and Qualifications from each licensed supervisor (must be a licensed landscape architect, architect or civil engineer).
4. If applicable, special accommodation requests and all required documentation.

Note:

- ◆ The application **must be** postmarked no later than the **Final Filing Date**. Applications received after the final filing date will not be accepted.
- ◆ If you are licensed as a landscape architect in another state or country and meet the California reciprocity qualifications, you must use the Application for Reciprocity Examination form. (The qualifications for reciprocity can be obtained at the address above, or reviewed at www.latc.dca.ca.gov.)
- ◆ Please select the sections you wish to take and submit the corresponding fees.
- ◆ Money orders, cashier's checks or personal checks must be made payable to the Landscape Architects Program. **Credit cards are not accepted.**